Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012309	A. BUILDING _____ B. WING _____	C 02/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF CARMEL	11610 TECHNOLOGY DR CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00101884. Complaint IN00101884- unsubstantiated, due to lack of evidence. Survey date: February 28, 2012 Facility number: 012309 Provider number: 012309 AIM number: N/A Survey team: Connie Landman, RN-TC Census bed type: Residential: 25 Total: 25 Census payor type: Other: 25 Total: 25 Sample: 3 Crownpointe Of Carmel was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00101884. Quality review completed on February 29, 2012 by Bev Faulkner, RN	R 000		